

How networking still limits women

17 Apr 2022 The Philadelphia Inquirer By Jennifer R. Grandis

Jennifer R. Grandis is a distinguished professor of Otolaryngology-Head and Neck Surgery at the University of California-San Francisco. A version of this piece originally appeared on The Conversation.

Women have been entering academic medicine at nearly the same rate as men for decades, but very few women reach the top levels of leadership.

For example, as of April 2022, of the 71 U.S. cancer centers designated by the National Cancer Institute, only seven are directed by women. In 2018, women accounted for 16% of medical school deans, 18% of department chairs, and 25% of full professors. To this day, women are still less likely than men to become associate or full professors of medicine or to be appointed as chairs of university medical departments — and there has been no narrowing of this gender gap over time.

I am a cancer researcher, physician and surgeon, and I also study gender inequity within medicine. In my most recent research, I interviewed more than 100 people in medicine to better understand why women struggle to advance in academic medicine. From this work, one important reason seems to be that women are consistently excluded from important, male-dominated networking activities, especially golf.

### **Exclusion blocks women's advancement**

Networking is essential to success in many professional fields. Networking leads to success in many ways. When colleagues befriend one another, they can promote one another's careers and exchange information about opportunities. Networking also allows junior people to meet powerful senior colleagues who may take them under their wings and become invested in their success.

The effects of these social connections can be very tangible. Research in the sales field has shown that women who networked through golf made more sales of significantly higher value than women who did not play golf.

In my recent study, I wanted to see what kinds of activities are important for networking in research-focused medical institutions — and whether women were excluded.

To do this, I conducted interviews with 52 female and 52 male faculty members at 16 university medical centers across the U.S. in 2019. The people I spoke with had similar levels of education and years of professional experience, and similar career goals and ambitions for advancement and leadership. I asked each person questions such as “How do people come to occupy leadership positions at your institution?” and “How has your gender played a role in your experiences in academic medicine?”

Both men and women mentioned “networking” and specifically “the boys club” — which excludes women — as important factors in career advancement.

Nearly all interviewees — 51 of the 52 men and 50 of the 52 women — saw networking as critical for career advancement. Despite the fact that interview questions never used the term

“boys club,” 73% of the women and 42% of the men brought up this concept on their own in the interviews.

Women are notably absent from a number of informal networking activities. Of the 52 male interviewees, 30 mentioned watching or playing sports, five discussed hunting or fishing and five alluded to or mentioned strip clubs.

Nearly everyone I spoke to said networking often happened while drinking at bars, and this, too, was gendered. One male department chair said, “I think about the bar at meetings. The important stuff — the intangible side of science — happens there, and I worry about a male bias of who goes for drinks after the talks. Even when women join us, men may be more likely to hit on them after a few drinks rather than focus on helping their careers.”

### **Special access on golf course**

Of all the places where the interviewees said important networking happens, none was more important than the golf course. Both men (29%) and women (38%) described the golf course as a key place where relationships are built.

As one male physician said, “Big decisions are made on the golf course.” These included discussion about who should get resources or nominated for prizes and awards. Another woman echoed this but also pointed out the inequity, saying, “All the powerful events here happen on the golf course. And it’s not like the men are ever going to let you in that foursome.”

Some of the interview questions sought to explore how and why women were excluded from golf. As one male physician explained, “It did not feel like we were actively excluding the women, but I can tell you that if there was a woman resident, she would not have been invited to the golf games.”

Many of the people I surveyed specifically mentioned another important aspect that sets golfing apart from other networking activities: It is important for career progression because it is a way to get access to people in power.

One senior male medical researcher clearly explained the connection and how women are excluded from these activities. “I play golf, I go fishing, and my golfing buddies and my fishing buddies are males, because that’s just the way you do it. It bugs the hell out of my female colleagues, because I go fishing with the president and the vice president, and they do not. It gives me special access they do not have.”

The women I spoke with were acutely aware of this access. During one interview, a woman said of a senior male leader where she worked, “Unless you play golf, you don’t have the opportunity to see him.”

### **Female-networking limits**

Both men and women considered informal social occasions to be powerful tools in career advancement. Many studies in other fields back up this idea.

Many of the women in the study described efforts by women to make up for the lack of female-inclusive networking opportunities.

A few of the women I interviewed described semiformal networks they were a part of — such as the alumnae group of the Executive Leadership in Academic Medicine program. Others mentioned instances when female colleagues reached out to give them crucial information on salary negotiations or coached them for interviews for leadership positions. Finally, many shared experiences of informal networks around child care and family issues.

While these female-led networks were avenues for sharing information and provided some professional support, they lacked one key aspect present in many male groups: well-placed senior colleagues who could play a role in advancing the careers of more junior people. Because so few women occupy leadership positions today, there are inherent limitations to what female-led networking can accomplish, and women's careers suffer because of it.

Many women in academic medicine are fully qualified to advance to the highest levels, yet they are not represented proportionally. My research shows that exclusion from networking opportunities is one of the reasons.